

| CLAIMS ONLY | | | | Application Number <div style="font-size: 1.2em; font-family: monospace;">10700342</div> | | Filing Date | |
|---|----------|--------|-----------------------|---|------------------------|-------------|--|
| | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total Indep | | | | | | | |
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| Total Claims | | | | | | | |

| CLAIMS ONLY | | | | | | | Application Number 10700342 | | Filing Date | | | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 16 | | | | | | Total Indep | | | | | |
| Total Depend | 99 | | | | | | Total Depend | | | | | |
| Total Claims | 115 | | | | | | Total Claims | | | | | |